

APPROVAL PROCESS FOR BDDS AND WAIVER SERVICE PROVIDERS

MEDICAID HCBS WAIVERS AND STATE LINE ITEM FUNDING

12/16/02

Prospective service providers must apply for approval to deliver services reimbursed by state line item funding through BDDS or services for the Medicaid Home and Community-based Services (HCBS) Waiver Programs:

- DD Waiver;
- Support Services Waiver;
- Autism Waiver;
- Aged & Disabled Waiver;
- Medically Fragile Children Waiver;
- Traumatic Brain Injury Waiver; and
- Assisted Living Waiver.

The approval process varies, depending on the specific service(s) the prospective provider plans to deliver. There are two approval tracks – (1) the Application with Written Service Proposal Process and (2) the Application/Credentialing Process. Each process is described in detail in this document, while the Application for Services clarifies the services approved under each track.

Agencies providing rehabilitation and/or habilitation day programs for individuals with developmental disabilities must seek and maintain accreditation by one of the following organizations:

1. Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor;
2. The Council on Quality and Leadership in Supports for People with Disabilities, or its successor;
3. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor;
4. The National Commission on Quality Assurance, or its successor; or
5. An independent national accreditation organization approved by DDARS.

Application for a survey through the accrediting entity for a new service must be submitted within one year of receiving approval. The agency is to submit to the Bureau of Developmental Disabilities Services:

1. Proof of application for an accreditation survey, and
2. A copy of the letter from the accrediting entity indicating accreditation for a 1 to 3 year period.

APPROVAL PROCESS

1. If a written service proposal is required,

- a. the applicant must submit **7 copies** of a written proposal and specified documents/credentials noted on the application and in the BDDS/waiver manuals, plus the application, to

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Program Review Committee
Bureau of Developmental Disabilities Services
P.O. Box 7083, Rm. W453
Indianapolis, IN 46207-7083

- b. The Program Review Committee will review the information submitted, and within sixty days of submission of a completed application, BDDS shall notify an applicant, in writing, of their determination per 460 IAC 6-6-3(c). The Program Review Committee includes:
1. BDDS Program Director for Provider Relations & Training,
 2. A BDDS Central Office staff member,
 3. A Bureau of Fiscal Services staff member,
 4. A Bureau of Quality Improvement Services staff member,
 5. The BDDS Field Office Manager of the area the provider proposes to serve,
 6. The Provider Relations Specialist for the Medicaid Waivers, as appropriate, and,
 7. An attorney with FSSA Legal will act as consultant, as necessary.
- c. Upon review of an initial application, BDDS shall either (1) approve the applicant for a period not to exceed 3 years, or (2) deny approval to an applicant that does not meet the approval requirements of 460 IAC 6-6-3 (b).
- d. If BDDS recommends approval of the prospective provider, BDDS will submit a report to the Community Residential Facilities Council for their approval, per IC 12-28-5-11 and 460 IAC 6-6-4. The report will note the name of the provider, service(s) recommended for approval and a note that the provider submitted all required documentation to meet the requirements of that service(s), and a summary of the findings on which the approval is based.
- e. If the BDDS Program Review Committee does not approve the applicant, no referral to the CRFC will be made.

- f. If an applicant is adversely affected or aggrieved by the BDDS' determination, the applicant may request administrative review of the determination. Such request shall be made in writing and filed with the director of the division within fifteen (15) days after the applicant receives notice of the BDDS' determination per 460 IAC 6-6-3 (d).

2. If **no** written service proposal is required,

- a. the applicant must send the application, plus the specified documents/credentials (see the application for details) to the appropriate waiver provider specialist for the specific waiver:

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- b. The prospective provider will receive

- A written notification of approval for a period not to exceed 3 years
or
- A letter detailing questions, concerns, and any other additional information needed to complete the proposal/application process.
or
- A denial of approval with an explanation of reasons for denial and appeal rights, if the application and needed information is complete, but not acceptable.

- c. If BDDS recommends approval of the prospective provider, BDDS will submit a report to the Community Residential Facilities Council for their approval, per IC 12-28-5-11 and 460 IAC 6-6-4. The report will note the name of the provider, service(s) recommended for approval and a note that the provider submitted all required documentation to meet the requirements of that service(s).

3. Approval does not guarantee that BDDS will contract for services with the provider.
4. The Bureau of Developmental Disabilities Services or its designee will regularly monitor the provider's compliance 460 IAC 6.
5. For providers who do not remain in compliance with the requirements established in 460 IAC 6, the bureau may impose sanctions, up to and including termination of approval to serve specific individuals or termination of approval to provide any services and supports, per IAC 6-7-2, 3, 4, 5.

6. In situations where a requested service is available through waivers with an ICF/MR level of care and for those with a Nursing Facility level of care, the approval will be coordinated between the affected program specialists who will issue a joint approval.

APPLICATION TO PROVIDE ADDITIONAL SERVICES

1. An approved provider seeking approval to provide additional supported living services or supports shall submit an application indicating the requested service(s) and the additional documentation and/or written service proposal required for the service(s) as explained on the application. The information should be submitted to the appropriate address noted in the Approval Process section.
2. Approval to provide additional supported living services or supports shall be granted by the BDDS only if (1) the provider's operations have been surveyed either within the preceding twelve months or as part of the approval process to provide additional services AND (2) there are no outstanding issues that seriously endanger the health or safety of an individual. 460 IAC 6-6-6 (b)

APPLICATION TO PROVIDE AN ADDITIONAL WAIVER FOR SERVICES PREVIOUSLY APPROVED

1. An approved provider seeking approval to provide previously approved services under an additional provider shall submit a letter stating for which waiver(s) the provider seeks approval.
2. The letter should be sent to the appropriate waiver specialist:

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RENEWAL OF APPROVED PROVIDER STATUS FOR PROVIDERS OF SUPPORTED LIVING SERVICES

1. Per 460 IAC 6-6-5, all supported living services providers will need to gain a renewed approval by BDDS in order to continue being a provider. A new provider of supported living services or supports approved after 1/1/03 shall file a written request for renewal of the BDDS' approval at least ninety (90) days prior to the expiration of the BDDS' previous approval date. The new provider's approval may be for no more than 3 years.

2. Upon receiving a request for renewal of approved status, the BDDS shall determine whether a provider continues to meet the requirements per 460 IAC 6-6-5 (b)
3. The BDDS shall notify a provider in writing of the BDDS' determination at least thirty (30) days prior to the expiration of the provider's approval per 460 IAC 6-6-5 (e).
4. Failure to request a renewal of BDDS approval could result in a provider losing approved status.

RENEWAL PROCESS

1. The provider of supported living services shall submit a written request for renewal of BDDS' approval at least 90 days prior to the expiration date of the current approval, accompanied by the needed documentation to show the provider continues to meet the requirement for the approved services. See the rule and BDDS/waiver manuals for details. Request and accompanying information shall be mailed to

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Provider Renewals
Bureau of Developmental Disabilities Services
P.O. Box 7083
Indianapolis, IN 46207-7083

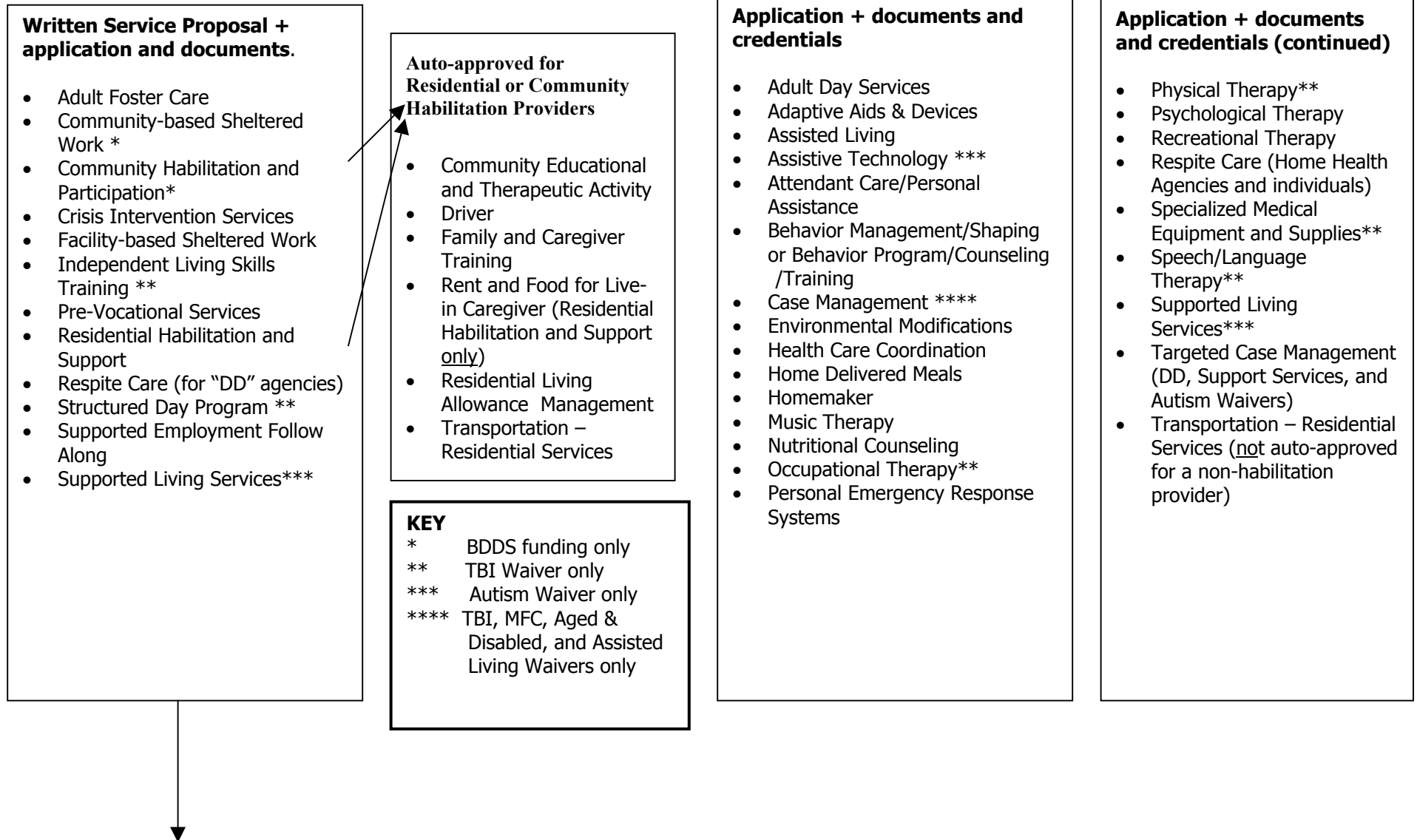
2. On receipt of the request for renewal, BDDS will send the provider the Renewal Form for the provider to complete and return to BDDS.
3. BDDS will review the information and renewal shall be based on verification that
 - (1) The provider's operations have been surveyed by BDDS or its designee either:
 - (A) Within the preceding twelve (12) months; or
 - (B) As part of the renewal process, **AND**
 - (2) There are no outstanding issues that seriously endanger the health or safety of an individual receiving services from the provider per 460 IAC 6-6-5 (c).
- e. If BDDS recommends approval of the prospective provider, BDDS will submit a report to the Community Residential Facilities Council for their approval, per IC 12-28-5-11 and 460 IAC 6-6-4. The report will note the name of the provider, service(s) recommended for approval and a note that the provider submitted all required documentation to meet the requirements of that service(s).
- f. BDDS shall either approve the applicant for a period not to exceed three (3) years or deny approval to an applicant that does not meet the approval requirements of this article 460 IAC 6-6-5 (d).

- g. A provider adversely affected or aggrieved by BDDS' determination may request administrative review of the determination, in writing, within fifteen (15) days of receiving the notification. 460 IAC 6-6-5 (g)
- h. If a provider has complied with the renewal timelines and if the BDDS does not act upon a provider's request for renewal of approved status before the expiration of the provider's approved status, the provider will continue in approved status until such time as the BDDS acts upon the provider's request for renewal of approved services. 460 IAC 6-6-5 (f).

APPEALING A BDDS DETERMINATION

1. To qualify for administrative review of an action or determination of the BDDS under this rule, a provider shall file a written petition for review that does the following (1) states facts demonstrating that the provider is a provider to whom the action is specifically directed, is aggrieved or adversely affected by the action or is entitled to review under any law or (2) is filed with the director of the division of disability, aging, and rehabilitative services within fifteen days after the provider receives notice of the agency action or determination. 460 IAC 6-7-6 (a).
2. Administrative review shall be conducted in accordance with IC 4-21.5 per 460 IAC 6-7-6 (b).

APPLICATION PROCESS FOR BDDS AND WAIVER PROVIDERS



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